

BARCODE LABEL

The Newcastle



Study

PHASE 3

GP Record Review

The Institute for Ageing and Health



Interviewer Instructions

- Throughout this document all **interviewer instructions** are in grey.

Clarity and Data Quality: All interviewers must be 'signed off' from a data system e.g. EMIS, System 1 etc before undertaking GP record review data collection in that data system.

- Use only blue or black biro to record actual data.
- Pencil should be used to make interviewer notes.
- Zeros, Z & 7 should all be crossed to avoid confusion with letter O, number 2 and 1.
- It is the interviewers' responsibility to write legibly and clearly.
- Any changes should be scored through with a single line, initialled and correct response written alongside. It may be necessary to then complete a clarification form if the record review has been data entered.
- Ensure the most up to date version of the coding frame is referenced.
- When coding 'other, specify options' – please remember to specify actual details or the significance of the response is much reduced.
- If unsure about responses then document as much detail as possible in notes and discuss with Karen when returning to office.
- Upon completion log outcome in the recruitment database: date GP record review completed (use most recent date if split over several visits) & if GPrr not completed then document reasons why in appropriate comments section. This section can also be used to document other relevant information.

Liaising with External Organisations

- Permission to access paper records at CSA for deceased participants **must** be co-ordinated via Karen.
- Permission to access computer and or paper records for participants who have moved outside Newcastle and North Tyneside but remain within the North East or Cumbria regions must be conducted using the 'trace system'. This should be documented on the e form and Karen must be kept informed.

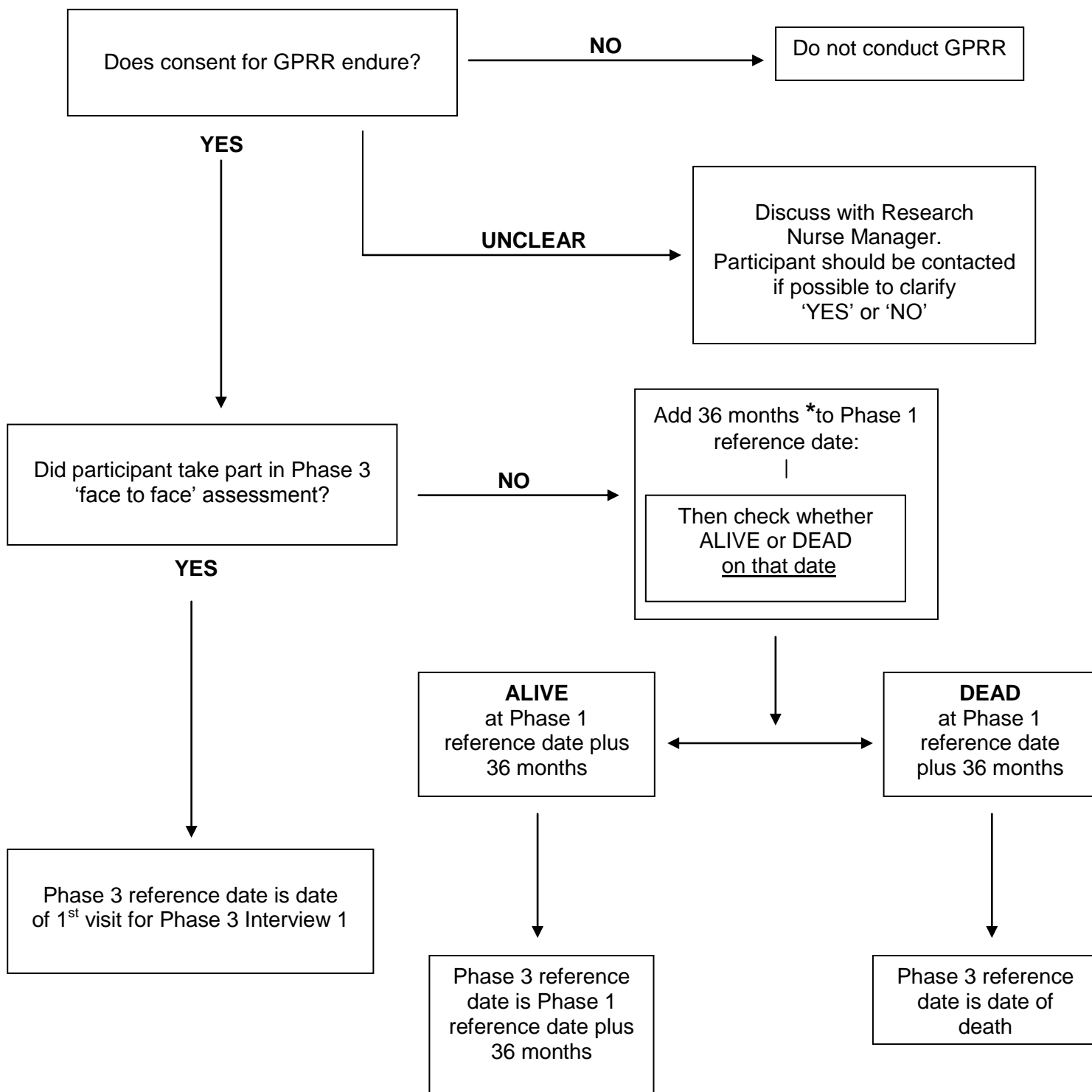
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FLOW CHART FOR NEWCASTLE 85+ STUDY PHASE 3 GP RECORD REVIEW

Interviewer Instructions:

- Also refer to GPRR electronic form for guidance.



*** If Phase 1 reference date is 03/10/2007, the date 36 months on is 03/10/2010**

A 'PROCESS' INFORMATION



0	1
---	---

11-12

1. Date of birth

D	D	M	M	Y	Y

13-18

2. Sex

Male.....1
Female.....2

19

3. NHS Number

--	--	--	--	--	--	--	--	--	--

20-29

4. Research Nurse ID

--	--

30-31

5. Is this a reliability check?

Yes.....1
No.....2

32

6. Phase 1 reference date

Enter from GPRR form on database

D	D	M	M	Y	Y

33-38

Interviewer instruction:

- Follow GPRR database form and flow chart opposite to identify Phase 3 reference date.

7. Participated in Phase 3 'face to face' assessment?

Yes.....1 Skip 8
No.....2

39

8. Was the participant alive or dead 36 months on from Phase 1 reference date?

Alive.....1
Dead.....2
Unknown as moved out of country.....3
Not applicable.....8

40

9. Is the participant address different to the one held on PID links?

- If yes, detach and complete the change of address form at the back of this document and follow change of address protocol back at the office.

Yes.....1
No.....2

41

10. Phase 3 reference date

Enter from GPRR form on database

D	D	M	M	Y	Y

42-47

11. Cardiac visit reference date

Enter from GPRR form on database

D	D	M	M	Y	Y

48-53

NOTES:

DATE(S) GP RECORDS REVIEWED

12. DATE 1

D	D	M	M	Y	Y

54-59

13. Start time (24h clock format)

--	--	--	--

60-63

14. Finish time (24h clock format)

--	--	--	--

64-67

15. DATE 2

D	D	M	M	Y	Y

68-73

16. Start time (24h clock format)

--	--	--	--

74-77

17. Finish time (24h clock format)

--	--	--	--

78-81

18. DATE 3

D	D	M	M	Y	Y

82-87

19. Start time (24h clock format)

--	--	--	--

88-91

20. Finish time (24h clock format)

--	--	--	--

92-95

21. DATE 4

D	D	M	M	Y	Y

96-101

22. Start time (24h clock format)

--	--	--	--

102-105

23. Finish time (24h clock format)

--	--	--	--

106-109

23b. Total time taken to complete record review (h,h,m,m)

--	--	--	--

110-113

NOTES:

PRACTICE INFORMATION

24. Was the participant registered at the same practice for the entire period between Phase 1 reference date and Phase 3 reference date?

Yes.....1

No.....2

13

25. Enter practice details and dates for all practices: for the entire period between the Phase 1 reference date and Phase 3 reference date.

- See additional training notes: ‘coding’ for this section – page 51 of this document
- If participant left country to unknown surgery, code surgery as 99 and enter dates if known.

	Practice code	Start of registered period						End of registered period						* PCT	
		D	D	M	M	Y	Y	D	D	M	M	Y	Y		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	14-28
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	29-43
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	44-58
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	59-73
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	74-88

* In PCT column enter:

1 if Newcastle or North Tyneside PCT

2 if within North East region or Cumbria but not Newcastle or North Tyneside PCT, **specify PCT:**

3 if out of North East or Cumbria PCT **specify PCT:**

NOTES:

PAPER RECORDS

Interviewer instructions:

- If paper records were temporarily unavailable you must return to review them.
- If the paper records are held at another practice you must review them at the new practice unless outside North East and Cumbria region. If paper records are outside the study area then inform Karen and document on 'all problems'.
- If the paper records are held by the CSA e.g. due to death you must review them at the CSA.
- See additional training notes: 'paper records' for this section – page 50 of this document

26. Were the paper records reviewed?

Yes.....1 Skip 29
No.....2 Skip: 27, 28

89

27. Where were the paper records reviewed?

General practice.....1
CSA.....2
Not applicable.....8

90

28. Enter practice code for practice where paper records reviewed.

- If paper records were not reviewed at all or they were reviewed at CSA enter 98 in boxes.

--	--

91-92

29. If paper records were not reviewed, why not?

- Please discuss with research nurse manager.

Permanently lost by CSA.....1
Records held out of North East or Cumbria area.....2
Other reason please specify.....3

--

Not applicable.....8

93

NOTES:

COMPUTER RECORDS

Interviewer Instructions:

- If participant has been registered with more than one practice between Phase 1 reference date and Phase 3 reference date you must review the relevant computer records at all practices.
- If computer records are unavailable you must make a return appointment to review.
- See additional training notes: 'computer records' for this section – page 50 of this document.

30. Were ANY computer records reviewed for the time period between Phase 1 reference date and Phase 3 reference date?

Yes.....1 Skip 34
 No.....2 Skip 31, 32, 33

94

31. Enter practice code for practice(s) where computer records were reviewed.

- If computer records were not reviewed, enter 98 in first 2 boxes and leave the others blank. Earliest practice 1st

	Practice Code		
Practice 1	<input type="text"/>	<input type="text"/>	95-96
Practice 2	<input type="text"/>	<input type="text"/>	97-98
Practice 3	<input type="text"/>	<input type="text"/>	99-100
Practice 4	<input type="text"/>	<input type="text"/>	101-102
Practice 5	<input type="text"/>	<input type="text"/>	103-104

32. Were ALL of the relevant computer records reviewed at each practice at which participant was registered between Phase 1 reference date and Phase 3 reference date?

Yes.....1 Skip 33 (reminder to skip 34)
 No.....2
 Not applicable.....8

105

33. Give details of any relevant computer records not reviewed with time frame and reason:

- Include practice code, dates and reason

34. If NONE of the relevant computer records were reviewed, why not?

Moved out of North East or Cumbria area1
 Other reason, please specify.....2

 Not applicable.....8

106

NOTES:

B. MEDICATION
Interviewer Instructions:

- Enter details of all medication “active” for the calendar month prior to the Phase 3 reference date.
- Please include creams, appliances, wound dressings etc.
- If your participant has been hospitalised: check discharge summary as GP ‘non issue’ of repeat item may be due to prescription by hospital pharmacy.

A: Phase 3 reference date		D		D		M		M		Y		Y		13-18
----------------------------------	--	---	--	---	--	---	--	---	--	---	--	---	--	-------

B: Date 1 calendar month before A														19-24
--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------

If phase 3 reference date is 03/10/09, date 1 calendar month before is 03/09/09

C: Date 6 calendar months before A														25-30
---	--	--	--	--	--	--	--	--	--	--	--	--	--	-------

If phase 3 reference date is 03/10/09, date 6 calendar months before is 03/04/09

- Record all meds prescribed/issued during the key month i.e. between date B (including date B) and the day before date A.
- Also record any meds prescribed/issued in 5 months leading up to key month (between date C including date C and day before date B) if likely that still active during key month.
- When you have recorded all relevant medications, leave the remaining rows blank.
- If there are NO relevant medications, enter 8 in the repeat/acute box and 888888 in the drug code box FOR THE FIRST ROW ONLY and leave the rest blank.
- See additional training notes: ‘coding’ for this section – page 51 of this document.

Drug	Repeat presc by GP	1	Drug Code											
	Acute presc by GP	2												
Presc at outpatients (on GP repeat)	3													
Presc at outpatients (not on GP repeat)	4													
Presc foll in-patient stay (on GP repeat)	5													
Presc foll in-patient stay (not on GP repeat)	6													
Presc by other (SPECIFY)	7													
Unclear from records	9													
Omitted in error	0													
1.														
2.														38-44
3.														45-51
4.														52-58
5.														59-65

NOTES:

Drug	Repeat presc by GP	1	Drug Code						
	Acute presc by GP	2							
	Presc at outpatients (on GP repeat)	3							
	Presc at outpatients (not on GP repeat)	4							
	Presc foll in-patient stay (on GP repeat)	5							
	Presc foll in-patient stay (not on GP repeat)	6							
	Presc by other (SPECIFY)	7							
	Unclear from records	9							
	Omitted in error	0							
	6.								
7.									73-79
8.									80-86
9.									87-93
10.									94-100
11.									101-107
12.									108-114
13.									115-121
14.									122-128
15.									129-135

Were there more than 15 medications?

- If yes, please enter details in the 'Extra Medications' document.

Yes.....1
 No.....2

NOTES:

C. KEY DIAGNOSES: NEW DIAGNOSES AND EVENTS BETWEEN PHASE 1

REFERENCE DATE AND PHASE 3 REFERENCE DATE

0	4	11-12
---	---	-------

D D M M Y Y

Phase 1 reference date							13-18
-------------------------------	--	--	--	--	--	--	-------

D D M M Y Y

Phase 3 reference date							19-24
-------------------------------	--	--	--	--	--	--	-------

Did this participant participate in the cardiac sub-study?

YES.....1

NO.....2

25

D D M M Y Y

If YES then record Cardiac reference date							26-31
--	--	--	--	--	--	--	-------

If the date of cardiac reference date is later than the phase 3-reference date then review new diagnosis of **HEART FAILURE** between Phase 1 reference date (including Phase 1 reference date) and day before Cardiac reference date.

Interviewer Instructions:

- Record all new diagnoses/events occurring between Phase 1 reference date (including Phase 1 reference date) and day before Phase 3 reference date with the exception of participants with cardiac reference date later than phase 3 reference date.
- Record all new diagnosis of **heart failure** between Phase 1 reference date (including Phase 1 reference date) and day before Phase 3 reference date unless Cardiac reference date is later. In these cases, record all new diagnosis of heart failure between Phase 1 reference date (including Phase 1 reference date) and day before Cardiac reference date.
- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- If there is no evidence of a key diagnosis/event enter 8888 in the boxes. Where more than one event is allowed and there is no evidence of any event, enter 8888 in the first event boxes only; leave the other event boxes blank.
- If month is missing, enter 77 in MM boxes.
- See additional training notes: 'key diagnosis' for this section – page 51 of this document.

1. CARDIOVASCULAR

Date of event/diagnosis

								32-37
--	--	--	--	--	--	--	--	-------

Heart Failure

Left ventricular failure (LVF/LHF), right ventricular failure (RVF/RHF), cor pulmonale, congestive cardiac failure, pulmonary oedema.

Is this participant	NE00000375	Yes.....1	No.....2	38
	NE00000637	Yes.....1	No.....2	39
	NE00001038	Yes.....1	No.....2	40
	NE00001405	Yes.....1	No.....2	41
	NE00001411	Yes.....1	No.....2	42
	NE00001426	Yes.....1	No.....2	43

If yes, requires following additional check:

Does the diagnosis of heart failure appear to have been made solely as a result of the cardiac visit letter sent?

- For these participants only, you may be required to review beyond Phase 3 reference date and cardiac reference date.
 - Yes.....1
 - No.....2
 - Not applicable.....8

44

NOTES:

Peripheral vascular disease – relevant surgery/intervention

Femoral – popliteal bypass, ileo-femoral bypass, ileal/femoral/popliteal artery angioplasty, amputation for vascular disease

Angina	M M Y Y	45-48
Ischaemic heart disease (NOS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Myocardial infarction	M M Y Y	49-52
MI / Heart attack / acute coronary syndrome	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Event 2	53-56
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Event 3	57-60
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Event 4	61-64
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Event 5	65-68
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Coronary angioplasty / coronary stent	M M Y Y	69-72
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Event 2	73-76
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Event 3	77-80
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Coronary artery bypass graft (CABG)	M M Y Y	81-84
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Event 2	85-88
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Atrial fibrillation	M M Y Y	89-92
<i>AF</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Atrial Flutter	M M Y Y	93-96
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Hypertension	M M Y Y	97-100
<i>High blood pressure/HBP</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Systolic BP>140 or diastolic >90 and treatment started	M M Y Y	101-104
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pacemaker	M M Y Y	105-108
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Peripheral vascular disease:	M M Y Y	109-112
<i>Intermittent claudication / rest pain, limb ischaemia, relevant surgery/intervention</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

NOTES:

Interviewer Instructions:

- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- If there is no evidence of a key diagnosis/event, enter 8888 in the boxes. Where more than one event is allowed and there is no evidence of any event, enter 8888 in the first event boxes only; leave the other event boxes blank.
- If month is missing, enter 77 in MM boxes.

Stroke	Event 1	M M Y Y		113-116	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cerebrovascular accident	Event 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Event 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Event 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Event 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transient ischaemic attack	Event 1	M M Y Y		133-136	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TIA	Event 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Event 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Event 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Event 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Carotid endarterectomy	Event 1	M M Y Y		153-156	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CEA	Event 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. CANCER

Interviewer Instructions:

- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- If no cancer diagnoses recorded, enter 88 in site code boxes and 8888 in date boxes for line 1 only and leave the rest blank.
- If month is missing, enter 77 in MM boxes.
- See additional training notes: 'coding' for this section – page 51 of this document.

	Site	Site code	Date diagnosed					
			M	M	Y	Y		
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	161-166
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	167-172
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	173-178
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	179-184
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	185-190

NOTES:

3. ENDOCRINE

Date diagnosed

DIABETES

Type 1.....
Insulin dependent diabetes mellitus (IDDM)

M	M	Y	Y

13-16

Type 2
Non insulin dependent diabetes mellitus (NIDDM)
Maturity onset DM

M	M	Y	Y

17-20

Type unspecified.....

M	M	Y	Y

21-24

Impaired glucose tolerance *without documented DM*.....

M	M	Y	Y

25-28

Interviewer instructions:

Complete either DM categories or impaired GTT or neither

THYROID DISEASE

Hyperthyroid.....
Thyrotoxicosis / Graves' Disease

M	M	Y	Y

29-32

Hypothyroid.....
Myxoedema

M	M	Y	Y

33-36

NOTES:

4. EYE DISEASE

Cataracts

M	M	Y	Y

 37-40

- Enter most recent date if more than one event

Cataract surgery

M	M	Y	Y

 41-44

- Enter most recent date if more than one event

Diabetic eye disease: *diabetic retinopathy (background, pre-proliferative, proliferative), diabetic maculopathy*

M	M	Y	Y

 45-48

Retinopathy: other (specify)

M	M	Y	Y

 49-52

Retinopathy: Not otherwise specified

M	M	Y	Y

 53-56

Maculopathy: Not otherwise specified

M	M	Y	Y

 57-60

Age related macular degeneration: *ARMD, Senile macular degeneration, MD*

M	M	Y	Y

 61-64

Glaucoma

M	M	Y	Y

 65-68

Registered partially sighted.....

M	M	Y	Y

 69-72

Reason

Code	

 73-74

Registered blind

M	M	Y	Y

 75-78

Reason

Code	

 79-80

NOTES:

5. FRACTURES

Interviewer Instructions:

- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- If no fractures recorded, enter 8 in the site code and cause boxes and 8888 in the date boxes for line 1 only and leave the rest blank.
- If month is missing, enter 77 in MM boxes.

Fracture site	Site	Cause	Date				
	Code		M	M	Y	Y	
1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13-18
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	19-24
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	25-30
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	31-36
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	37-42
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	43-48
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	49-54
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	55-60
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	61-66
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	67-72
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	73-78
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	79-84
13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	85-90
14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	91-96
15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	97-102

NOTES:

Date of diagnosis

Osteoarthritis

M M Y Y

Hip OA					
Left					13-16
Right					17-20
Knee OA					
Left.....					21-24
Right					25-28
Hand OA					
Left					29-32
Right					33-36
Generalised OA					37-40
Cervical spondylosis					
<i>Neck OA</i>					41-44
Lumbar spondylosis					
<i>Back OA / Spine OA</i>					45-48
Degenerative arthritis (not otherwise specified)					49-52
Rheumatoid arthritis					53-56
Ankylosing spondylitis					57-60
Psoriatic arthropathy					61-64
Other Arthritis (specify)					65-68
Arthritis: Not otherwise specified					69-72
Osteoporosis					73-76
Kyphosis/kyphoscoliosis					77-80

NOTES:

Interviewer Instructions:

- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- If there is no evidence of a key diagnosis/event enter 8888 in the boxes. Where more than one event is allowed and there is no evidence of any event, enter 8888 in the first event boxes only; leave the other event boxes blank.
- If month is missing, enter 77 in MM boxes.

Joint replacement / Arthroplasty:

		M	M	Y	Y	
Left hip	Event 1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	81-84
	Event 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	85-88
Right hip.....	Event 1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	89-92
	Event 2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	93-96
Left knee.....	Event 1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	97-100
	Event 2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	101-104
Right knee.....	Event 1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	105-108
	Event 2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	109-112

7. NEUROLOGICAL DISEASE

Date of diagnosis

	M	M	Y	Y	
Parkinson's disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	113-116

8. PSYCHIATRIC DISEASE

Date of diagnosis

	M	M	Y	Y	
Dementia / Alzheimer's disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	117-120

9. DEPRESSION

9a. Has there been any (GP or hospital), contact for depression between Phase 1 reference date and day before Phase 3 reference date?

Yes.....1
 No.....2 Skip 9b

121

9b. If yes, enter date of most recent contact (between Phase 1 reference date and day before Phase 3 reference date).

- If no contacts enter 888888 in date boxes.

D	D	M	M	Y	Y	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	122-127

NOTES:

10. RESPIRATORY DISEASE

Date of diagnosis

	M	M	Y	Y	
Asthma	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	128-131
Chronic bronchitis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	132-135
Emphysema	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	136-139
Chronic obstructive pulmonary disease (COPD) / <i>Chronic obstructive airways disease (COAD)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	140-143
Bronchiectasis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	144-147
Pulmonary fibrosis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	148-151
Fibrosing alveolitis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	152-155
Asbestosis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	156-159
Pneumoconiosis (<i>coal miner's lung / black lung</i>).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	160-163
Tuberculosis (TB)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	164-167

NOTES:

NOTES:

4. Does the participant have ischaemic heart disease?

(Ischaemic heart disease (not specified), angina, myocardial infarction, heart attack, acute coronary syndrome, coronary angioplasty or stent, coronary artery bypass grafts).

- N.B. This includes diagnoses made before Phase 1

Yes1
No2 Skip 5

201

5. Have they had an IHD check in the last 12 months?

- i.e. between date A (including date A) and the day before Phase 3 reference date.

Yes1
No2
Not Applicable.....8

202

6. Does the participant have diabetes?

- N.B. This includes diagnoses made before Phase 1

Yes1
No2 Skip 7

203

7. Have they had a DM check in the last 12 months?

- i.e. between date A (including date A) and the day before Phase 3 reference date.

Yes1
No2
Not Applicable.....8

204

NOTES:

E. CONSULTATIONS IN PREVIOUS 12 MONTHS

0	8
---	---

11-12

	D	D	M	M	Y	Y
Phase 3 reference date						

13-18

A. Date 12 months prior to Phase 3 reference date						
--	--	--	--	--	--	--

19-24

If Phase 3 reference date is 03/10/09, date 12 months prior is 03/10/08

Interviewer Instructions:

- Please enter details of all consultations documented between date A (including date A) and day before Phase 3 reference date.
- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- When you have entered details of all relevant consultations, leave the remaining rows blank.
- If there are NO relevant consultations documented, enter 8 in EACH of the boxes for the first row only and leave the rest blank.
- See additional training notes: 'consultations' for this section – page 51 of this document

	Date	Professional seen	Type	3 rd party?	
		GP: practice (01) GP: out of hours service (02) Practice Nurse (03) District Nurse (04) Health visitor (05) Dietician (06) Phlebotomist (07) Pharmacist (08) Clerical (09) Other (specify) (10) Not specified (11) Not completed-error (90)	Surgery attendance (01) Home Visit (02) Telephone contact (03) Letter contact (04) e-mail contact (05) Other (specify) (06) Not specified (09) Not completed-error (90)	No (1) Yes (2) Unclear from records (3) Not completed-error (0)	
	D D M M Y Y				
C1	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	25-35
C2	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	36-46
C3	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	47-57
C4	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	58-68
C5	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	69-79
C6	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	80-90
C7	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	91-101
C8	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	102-112
C9	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	113-123
C10	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	124-134
C11	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	135-145
C12	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	146-156

NOTES:

Date

Professional seen

Type

3rd party?

- GP: practice (01)
- GP: out of hours service (02)
- Practice Nurse (03)
- District Nurse (04)
- Health visitor (05)
- Dietician (06)
- Phlebotomist (07)
- Pharmacist (08)
- Clerical (09)
- Other (**specify**) (10)
- Not specified (11)
- Not completed-error (90)

- Surgery attendance (01)
- Home Visit (02)
- Telephone contact (03)
- Letter contact (04)
- e-mail contact (05)
- Other (**specify**) (06)
- Not specified (09)
- Not completed-error (90)

- No (1)
- Yes (2)
- Unclear from records (3)
- Not completed-error (0)

D D M M Y Y

C13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13-23
C14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	24-34
C15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	35-45
C16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	46-56
C17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	57-67
C18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	68-78
C19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	79-89
C20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	90-100
C21	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	101-111
C22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	112-122
C23	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	123-133
C24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	134-144
C25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	145-155
C26	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	156-166
C27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	167-177
C28	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	178-188
C29	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	189-199

NOTES:

Date

Professional seen

Type

3rd party?

- GP: practice (01)
- GP: out of hours service (02)
- Practice Nurse (03)
- District Nurse (04)
- Health visitor (05)
- Dietician (06)
- Phlebotomist (07)
- Pharmacist (08)
- Clerical (09)
- Other (**specify**) (10)
- Not specified (11)
- Not completed-error (90)

- Surgery attendance (01)
- Home Visit (02)
- Telephone contact (03)
- Letter contact (04)
- e-mail contact (05)
- Other (**specify**) (06)
- Not specified (09)
- Not completed-error (90)

- No (1)
- Yes (2)
- Unclear from records (3)
- Not completed-error (0)

D D M M Y Y

C30	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13-23
C31	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	24-34
C32	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	35-45
C33	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	46-56
C34	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	57-67
C35	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	68-78

Were there more than 35 consultations?

- If yes, please enter details in the 'Extra Consultations' document.

Yes.....1
 No.....2

Interviewer Instructions:

HOSPITAL ADMISSIONS – CARE SETTING GUIDE

- Any admission to a 'hospital' setting must be recorded.
- Any admission to a NHS community based setting must be recorded.
- To differentiate between a NHS community based setting and those 'other' community based care settings the general rule is: if the facility itself or the bed occupied by the participant within that facility is under the care of an NHS consultant then it should be recorded as an admission or as part of a complex admission.
- Please refer to the following list which is meant as a guidance of most probable admission settings or ongoing rehab for older patients.
- Where there is uncertainty please record details of admission care setting and identify difficulties within text box Q5 and discuss with Karen.

North Tyneside

Acute Care setting:

- North Tyneside General Hospital (including Kielder Unit and Ash Court)

NHS Community care settings:

- Cedars: ortho-geriatric rehab
- Princes Court: continuing care beds
- Royal Quays: continuing care beds
- Charlton Court: continuing care beds
- Battle Hill: continuing care beds
- Tynemouth Court, North Shields: continuing care – old age psychiatry (severe dementia)

Newcastle

Acute Care settings:

- RVI
- Freeman Hospital
- Newcastle General Hospital
- Walkergate Hospital
- St Nicholas' Hospital

NHS Community care settings:

- Park House nursing home: continuing care beds, respite care
- Wheatfield Court nursing home: continuing care beds
- Hillfield nursing home: continuing care beds
- Dene Lodge: Old Age Psychiatry
- Silverdale: Old Age Psychiatry

COMPLEX ADMISSIONS:

- Where participants are transferred from the speciality to which they were originally 'formally' admitted to another speciality within the same hospital, a different hospital or a NHS led community setting before being discharged home ('home' includes care home residential/nursing).

F. HOSPITAL ADMISSIONS BETWEEN PHASE 1 REFERENCE DATE AND PHASE 3 REFERENCE DATE

	D	D	M	M	Y	Y
Phase 1 reference date						
Phase 3 reference date						

13-18

19-24

Interviewer Instructions:

- Record if any hospital admissions between Phase 1 reference date (including Phase 1 reference date) and day before Phase 3 reference date.
- An admission must involve an overnight stay.
- Do NOT include respite care as admissions unless they were into hospital or NHS community based setting admissions.
- Refer to previous page for guidance.

1. Did the participant have any hospital admissions between phase 1 reference date and phase 3 reference date?

Yes.....1
 No.....2 Skip 2 and 3.

25

2. Were any of the recorded hospital admissions supported by a 'formal' source? (i.e. formal discharge summary /interim discharge summary, hospital Out-patient letter).

Yes.....1
 No.....2
 Not applicable.....8

26

3. Were any of the recorded admissions complex? (refer to interviewer instructions on page 46)

Yes.....1
 No.....2
 Not applicable.....8

27

4. Are there any unresolved issues with the GPRR?

Yes.....1
 No..... 2 Skip 5

28

NOTES:

5. Enter details of any unresolved problems in the text box (discuss with Karen).

Interviewer instruction:

- Do not include problems already documented elsewhere. Include details of the relevant section number, question and page number.
- For consultations use relevant number e.g. C13=consultation 13.

PHASE 3 GPRR: ADDITIONAL TRAINING NOTES

Practice Information

Q25: Start/end registered period dates

- These should be dates within the Phase 1 to Phase 3 timeframe i.e. for 1st practice – we don't need the date they were 1st registered with that practice, it's the Phase 1 reference date and for the last practice it's the Phase 3 reference date. The aim is to ensure that the entire Phase 1 to Phase 3 period is accounted for.

Paper Records

Q26:

- If all/some of the paper records were not reviewed this may affect the integrity of the data gathered. To consider this on a case by case basis please record PID and problem i.e. some/all paper records missing in 'all problems' excel file.
- If review of paper records is delayed i.e. held by CSA due to death then DO NOT complete paper records section. Instead leave blank and record 'participant RIP required to review records at CSA' in the text box for any unresolved issues pg 49. You must also document on all problems excel file back in office. This will allow a list to be collated in order to review RIP records in batches at the CSA.
- If review of paper records is delayed i.e. ALL held by another practice then DO NOT complete paper records section. Instead leave blank and record 'ALL paper records held at other practice' in the text box for any unresolved issues pg 49. This can then be crossed out and marked 'completed' with signature and date.

Computer Records

Q32, 33, 34: **relevant** computer records

- It may be that you can't review the computer records for the entire period between Phase 1 and Phase 3, e.g. if they changed practice to an 'out of area' one for part of the time.

This may be a problem for some sections including.....

- Section B: Medications – need the 6 months prior to Phase 3 reference date.
- Section C: Key diagnoses between Phase 1 and Phase 3 – need the entire period.
- Section D: Key diagnoses in the last 6/12 months – need the 6/12 months prior to Phase 3 reference date.
- Section E: Consultations in last 12 months – need the 12 months prior to Phase 3 reference date.
- Section F: Hospital admissions since Phase 1 – need the entire period. If all/some of the computer records were not reviewed this may affect the integrity of the data gathered. To consider this on a case by case basis please record PID and problem i.e. some/all computer records missing in 'all problems' excel file.

Key Diagnoses/Events

Missing dates:

- If a missing month means you cannot tell whether the diagnosis fits within the Phase 1 to Phase 3 period, enter it anyway, with the missing month and this can be sorted out at the analysis stage.

Consultations

- Only record true contacts; do not record events where notes or results were accessed.
- If participant phoned triage nurse and subsequently had a consultation with GP; this should be counted as 2 consultations.
- 3rd party:
 - Includes a relative/carer contacting the GP surgery as the individuals' representative usually as the individual is incapacitated in some way.
 - Excludes contacts by other health and social care professionals discussing/informing planned care or treatment. With the exception of care home staff contacting the GP surgery as the individuals' direct representative – similar to role relative/carer contacts.

Hospital Admissions

- If the admission crosses the Phase 1 or Phase 3 reference date then still count as an admission.
- If the participant dies in hospital then this should be counted as an admission if the episode included an overnight stay prior to the date of death.

Coding

- *General practice code:* may need to add further practices please liaise with whole team so as not to duplicate.
- *Medication code:* Pauline will do this coding for Phase 3, but include as much detail as possible e.g. preparation and route.
- *Cancer code:* code to primary site where possible.

NOTES:

Newcastle 85+ Study Participant change of address

Interviewer Instruction:

- This form **must** be detached before completion. Upon completion follow change of address protocol once back at the office.

Participant Name:.....

New Address:.....

.....

Is this a care home? Yes.....

No.....

Unclear....

Old Address:.....

.....

Was this a care home? Yes.....

No.....

Unclear....

Notified of change by:...GP record review.....Date of GP record review:.....

Form completed by:.....Signature:.....

Admin use only

New address recorded on demographics database (PID Links).

Signed..... Dated.....

Newcastle 85+ Study Tracing Participant - Change of GP Surgery Form

Interviewer Instruction:

- This form **must** be detached before completion. Upon completion follow change of address protocol once back at the office.

Participant Name:.....

Address.....

.....

Date of Birth..... Date of Move if Known.....

Old G.P.Surgery:.....

Form completed by:.....Signature:..... Date

Actions taken to trace participant

Name of person contacted..... Date.....

Department/organisation.....

Outcome of contact – (i.e. new surgery details)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Signature..... Date.....

Admin use only

New GP info recorded on: Demographics database (PID Links)
 Participant database (GP Form)

Signature..... Date.....